

WITHHOLDING TAX RECONCILIATION FOR EMPLOYER’S QUARTERLY RETURNS

MAKE CHECK OR MONEY ORDER TO:  
**CITY OF BEDFORD TAX DEPARTMENT**  
165 CENTER ROAD  
BEDFORD, OHIO 44146  
(888) 232-1600 or (440) 735-6505

1. TOTAL NUMBER OF EMPLOYEES REPRESENTED BY STATEMENTS  
HEREWITH .....  
2. TOTAL PAYROLL FOR THE YEAR \$ .....  
3. LESS PAYROLL NOT SUBJECT TO TAX \$ .....

SEE INSTRUCTIONS BELOW BEFORE  
COMPLETING THIS FORM

TAX YEAR 20

4. PAYROLL SUBJECT TO TAX (Line 2 minus Line 3) \$ .....  
5. WITHHOLDING TAX LIABILITY 2.25% of Line 4 \$ .....  
6. TOTAL BEDFORD INCOME TAX REMITTED:  
    QUARTER ENDING MARCH 31 \$ .....  
    QUARTER ENDING JUNE 30 \$ .....  
    QUARTER ENDING SEPT. 30 \$ .....  
    QUARTER ENDING DEC. 31 \$ .....  
    TOTAL REMITTED \$ .....  
7. DIFFERENCE BETWEEN LINES (5 & 6)  
    OR TAX DUE \$ .....  
CONTACT ..... PHONE # ( ) - .....  
  
FEDERAL I.D. NO. ....

ORIGINAL – RETURN THIS COPY WITH PAYMENT

www.bedfordoh.gov

WITHHOLDING TAX RECONCILIATION FOR EMPLOYER’S QUARTERLY RETURNS

MAKE CHECK OR MONEY ORDER TO:  
**CITY OF BEDFORD TAX DEPARTMENT**  
165 CENTER ROAD  
BEDFORD, OHIO 44146  
(888) 232-1600 or (440) 735-6505

1. TOTAL NUMBER OF EMPLOYEES REPRESENTED BY STATEMENTS  
HEREWITH .....  
2. TOTAL PAYROLL FOR THE YEAR \$ .....  
3. LESS PAYROLL NOT SUBJECT TO TAX \$ .....

SEE INSTRUCTIONS BELOW BEFORE  
COMPLETING THIS FORM

TAX YEAR 20

4. PAYROLL SUBJECT TO TAX (Line 2 minus Line 3) \$ .....  
5. WITHHOLDING TAX LIABILITY ..... of Line 4 \$ .....  
6. TOTAL BEDFORD INCOME TAX REMITTED:  
    QUARTER ENDING MARCH 31 \$ .....  
    QUARTER ENDING JUNE 30 \$ .....  
    QUARTER ENDING SEPT. 30 \$ .....  
    QUARTER ENDING DEC. 31 \$ .....  
    TOTAL REMITTED \$ .....  
7. DIFFERENCE BETWEEN LINES (5 & 6)  
    OR TAX DUE \$ .....  
CONTACT ..... PHONE # ( ) - .....  
  
FEDERAL I.D. NO. ....

DUPLICATE – RETAIN FOR YOUR RECORDS

www.bedfordoh.gov

INSTRUCTIONS

The original of this reconciliation form must be filed with the City of Bedford Income Tax Department by January 31 of the subsequent year. This form must be accompanied by copies of employee’s wage statements (W-2s) showing: (1) name and address of employee (The employee’s residence address should show the correct political subdivision – NOT CLEVELAND AND A ZIP CODE NUMBER); (2) Social Security Number; (3) Gross Earnings PAID BEFORE ANY PAYROLL DEDUCTIONS; (4) Amount of Bedford and any other city income tax withheld, name, address and Federal Identification Number of the employer.

Any difference posted on Line 7 MUST BE FULLY EXPLAINED IN AN ATTACHED STATEMENT.

If Line 7 indicates a balance due, the amount should accompany this return; make checks payable to City of Bedford, 165 Center Road, Bedford, Ohio 44146.

PLEASE INCLUDE A CONTACT NAME AND PHONE NUMBER.